|  |  |
| --- | --- |
| *Content type* | **Publication** |
| *Date* | 1 July 2011 |
| *Title* | **The last taboo: A guide to dementia, sexuality, intimacy and sexual behaviour in care homes** |
| *Excerpt* | Sexuality, intimacy, sexual behaviour and dementia in care homes |
| *Body copy* | The last taboo: A guide to dementia, sexuality, intimacy and sexual behaviour in care homes, provides care home workers and managers with information and practical advice on this complex, controversial and sensitive issue.The need for affection, intimacy and relationships for people with dementia in care homes has too often been ignored and side-lined in policy and practice. The onset of old age or a cognitive impairment does not erase the need for affection, intimacy and/or relationships. While the issues involved can be complex, controversial and sensitive and may challenge our own beliefs and value system, it is essential that we understand more about them to foster a more person-centred approach to dementia care. Care home residents with dementia often have complex care needs and trying to understand and respond to the more intimate and sexual aspects of a resident’s personality can be challenging.Aimed at care home workers and managers, the guide not only provides essential information on this aspect of dementia care but offers practical advice to support current work-based practices. Set out in an accessible and easy-to-read format, this guide includes case studies, questions, suggestions and a self assessment quiz to promote easy learning. It also provides a possible pathway for care home managers to develop a guiding policy on sexual expression in dementia.The guide for care staff is summarised in 10 key points:1. Some residents with dementia will have sexual or sensual needs.2. Affection and intimacy contribute to overall health and wellbeing for residents.3. Some residents with dementia will have the capacity to make decisions about their needs.4. If an individual in care is not competent to decide, the home has a duty of care towards the individual to ensure they are protected from harm.5. There are no hard and fast rules. Assess each situation on an individual basis6. Remember not everyone with dementia is heterosexual.7. Inappropriate sexual behaviour is not particularly common in dementia.8. Confront your own attitudes and behaviour towards older people and sex generally.9. Communicate – look at how you can improve communication with your colleagues, managers, residents and carers on this subject10. Look after yourself and remember your own needs as a care professionalAuthor: Sally-Marie Bamford |
| *Category (choose one only)* | [ ]  Culture and society[ ]  Finance and wealth[ ]  Health and care systems | [ ]  Infrastructure[ ]  Productivity |
| *Culture and society topics (choose more than one if relevant)* | [ ]  Arts and music[ ]  Community[ ]  Digital connections[ ]  Families[ ]  Identity | [ ]  Inequalities[ ]  Isolation[ ]  Loneliness[ ]  Relationships[ ]  Social connections |
| *Finance and wealth topics (choose more than one if relevant)* | [ ]  Advice[ ]  Debt[ ]  Financial planning[ ]  Housing wealth | [ ]  Investments[ ]  Pensions[ ]  Personal finance[ ]  Savings |
| *Health and care systems topics (choose more than one if relevant)* | [ ]  Cancer[ ]  Care homes[ ]  Dementia[ ]  Hearing loss[ ]  Immunisation | [ ]  NHS[ ]  Nutrition and hydration[ ]  Prevention[ ]  Sight loss[ ]  Social care |
| *Infrastructure topics (choose more than one if relevant)* | [ ]  Built environment[ ]  Education | [ ]  Housing[ ]  Transport |
| *Productivity topics (choose more than one if relevant)* | [ ]  Consumption[ ]  Employment[ ]  GDP[ ]  Growth | [ ]  Opportunity of longevity[ ]  Recruitment[ ]  Training[ ]  Work |
| *Themes* | [ ]  BME[ ]  Cost[ ]  Emerging issue[ ]  Funding[ ]  Good practice[ ]  Immigration[ ]  Innovation[ ]  Intergenerational[ ]  International | [ ]  LGBT[ ]  Life expectancy[ ]  Older consumers[ ]  Policy[ ]  Providers[ ]  Technology[ ]  Welfare[ ]  Workforce |